

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015310

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 45

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 14 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs</b>		c. CITY OR TOWN <b>Excelsior Springs</b>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Excelsior Springs Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Southview Drive</b>	
3. NAME OF DECEASED (Type or print) First <b>J.</b> Middle <b>Edward</b> Last <b>Baird</b>		4. DATE OF DEATH Month <b>March</b> Day <b>22</b> , Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-21-1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired physician</b>		11. BIRTHPLACE (City and state or country) <b>Ray County, Mo.</b>	
13a. FATHER'S NAME <b>Jesse Baird</b>		14. NAME OF HUSBAND OR WIFE <b>Garnett Baird</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>Yes WW I and II</b>		17. INFORMANT <b>Dr. Bill Baird, Excelsior Springs, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> DUE TO (b) <b>arteriosclerosis generalized</b> DUE TO (c) <b>chronic psychosis + cystitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>15 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1946</b> to <b>3/22/63</b> and last saw her alive on <b>3/22/63</b> Death occurred at <b>3:15</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Dan M. D.</b>	
22b. ADDRESS <b>Excelsior Springs, Mo.</b>		22c. DATE SIGNED <b>4/17/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-25-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	23d. LOCATION (City, town, or county) <b>Excelsior Springs, Mo.</b>
24. FUNERAL DIRECTOR <b>Prichard Funeral Home, Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>3-22-63</b>	
26. REGISTRAR'S SIGNATURE <b>Barlene Hutchings</b>		27. EMBALMER'S STATEMENT ON REVERSE SIDE	

USE BLACK INK

OR

TYPEWRITER RIBBON

MAY 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lincoln Jarman*

Licensed Embalmer No.

*4589*

P. O. Address

*Evolution Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Burial Permit Serial 3-23-63 & H